#### The Opioid Epidemic: A Public Health Perspective

We're experiencing the consequences of managing pain with *prescription* opioids for 25 years.

This practice has improved the quality of life for many, created unintended opioid addictions, and eroded the inhibition to use opioids recreationally;

#### combined with

Unprecedented availably of inexpensive, easy to find heroin and fentanyl.

The drivers of the opioid epidemic are easier to identify than resolve, this is a deceptively complex epidemic.

Many groups across North Carolina are coordinating to address the Opioid Epidemic.

North Carolina has made progress, has successes, and more work to do.

**Opioid Related Deaths** 

**Public Health** 

primarily works on the top 3 layers; coordinates across all layers. **Deaths** 

Emergency care

EMS, Hospital

**Injury Prevention** 

Focuses on top 2 layers

Acute injurious exposure to Opioids are poisonings.

Poisonings are injuries.

**Disease Spread** 

HepC, HIV-AIDS, STD's

- Epidemiology
- Convene Partners
- Evidence-based strategies and policy.

**Behavior Health Services** 

Substance Abuse treatment, Suicide

**Law Enforcement, Criminal Justice, Corrections** 

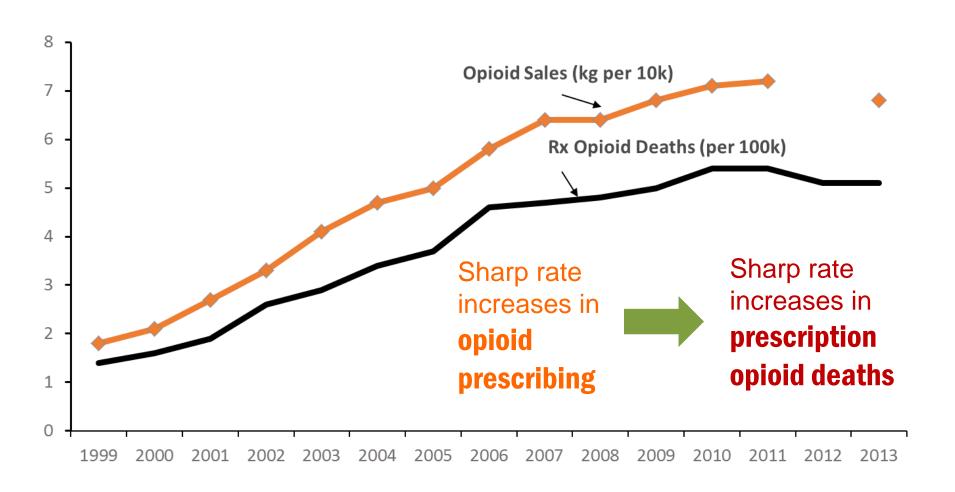
**Social Services** 

family destruction, foster care services

Increased demand on public services across the spectrum

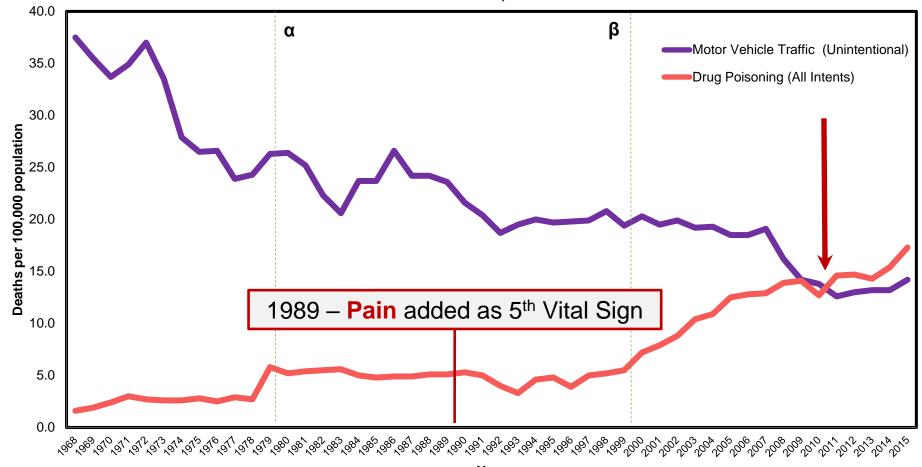
Medical Examiner, EMS, crime, Medicaid charges, foster care, dependence/addiction treatment, employment, education

# National Rates of Opioid Prescribing and Rates of Opioid Death



#### **Death Rates\* for Two Selected Causes of Injury,**

North Carolina, 1968-2015



\*Per 100,00, age-adjusted to the 2000 U.S. Standard Population

 $\alpha$  - Transition from ICD-8 to ICD-9

β - Transition from ICD-9 to ICD-10

National Vital Statistics System, http://wonder.cdc.gov, multiple cause dataset

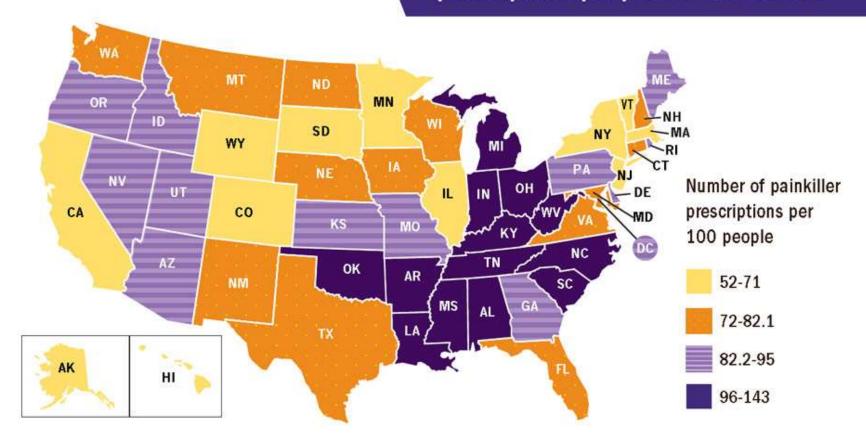
Source: Death files, 1968-2015, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit







## Some states have more painkiller prescriptions per person than others.

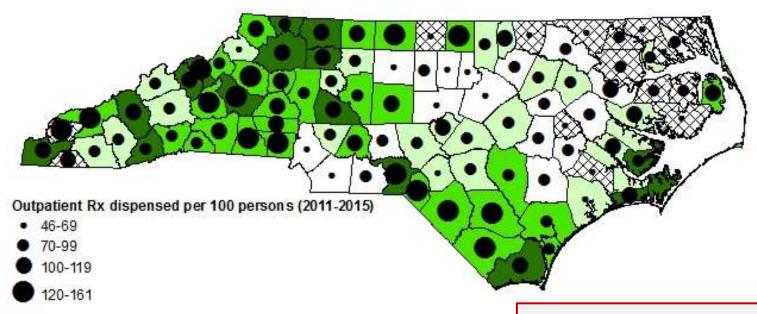


North Carolina among the **top 13** states in prescriptions per person.

SOURCE: IMS, National Prescription Audit (NPA™), 2012.

# Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed

North Carolina Residents, 2011-2015



Overdose rates per 100,000 persons (2011-2015)

Rate not calculated, <5 deaths

0-4

**15-7** 

8-11

12-24

Average mortality rate:

6.4 per 100,000 persons

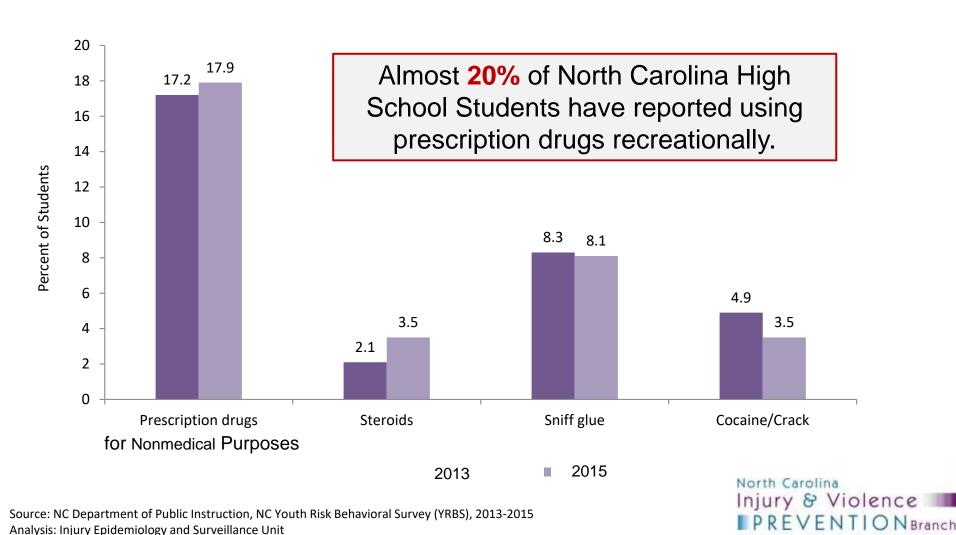
Average dispensing rate:

82.9 Rx per 100 persons

Source: Deaths- N.C. State Center for Health Statistics, Vital Statistics, 2011-2015, Overdose: (X40-X44 & Y10-Y14) and commonly prescribed opioid T-codes (T40.2 and T40.3)/Population-National Center for Health Statistics, 2011-2015/Opioid Dispensing- Controlled Substance Reporting System, NC Division of Mental Health, 2011-2015 Analysis: Injury and Epidemiology Surveillance Unit

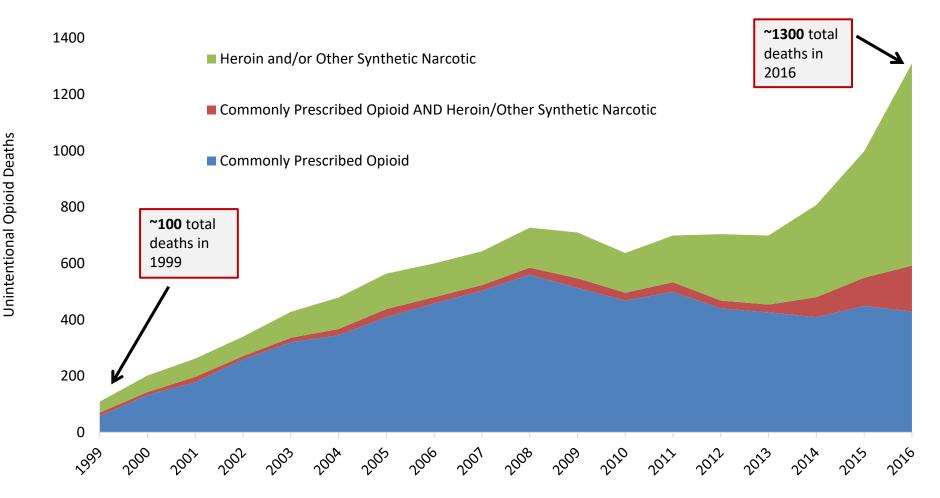


# **Self-reported Lifetime Use of Drugs among North Carolina High School Students**



## **North Carolina Data Overview**

# Unintentional opioid deaths have increased more than 10 fold Heroin or other synthetic narcotics are now involved in over 50% of deaths

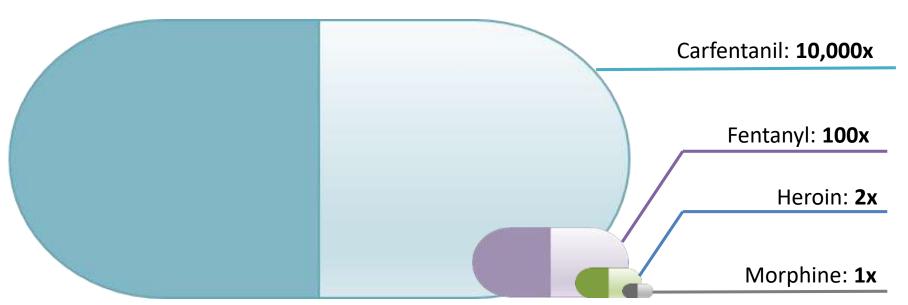


Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2015
Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit



# With unprecedented availability of cheap heroin and fentanyl...

## **MORE PEOPLE ARE DYING**



**Opioid Potency** 



# **Strategies**

## **Drug Take Back in North Carolina**Since 2010

- Collected 53 million pills at 1,600 events
- 150+ Permanent Take-Back Locations

#### **NC Medical Journal Article Jan 2016**

http://www.ncmedicaljournal.com/content/77/1/59.full





http://www.ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd

# 2013 North Carolina Good Samaritan/Naloxone Access Law

Since August 1, 2013

**52,489** overdose rescue kits distributed

7,598 confirmed overdose reversals

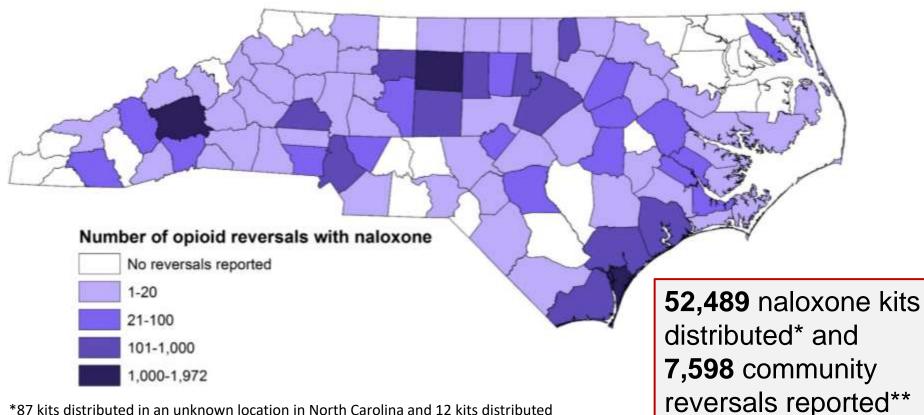






www.nchrc.org/programs-and-services

# **Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition**, 8/1/2013-7/31/2017



\*87 kits distributed in an unknown location in North Carolina and 12 kits distributed to individuals living in states outside of North Carolina; includes 3,541 kits distributed to Law Enforcement Agencies

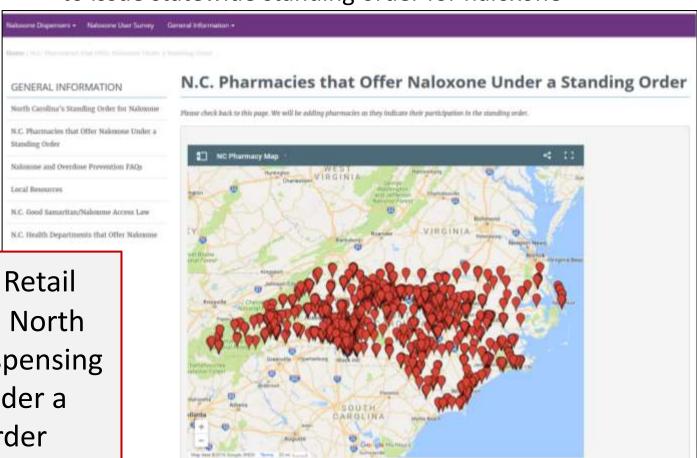
\*\*29 reversals in an unknown location in North Carolina and 128 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), August 2017 Analysis by Injury Epidemiology and Surveillance Unit



## **NC's Statewide Standing Order for Naloxone**

June 20, 2016 – Law authorizes state health director to issue statewide standing order for naloxone

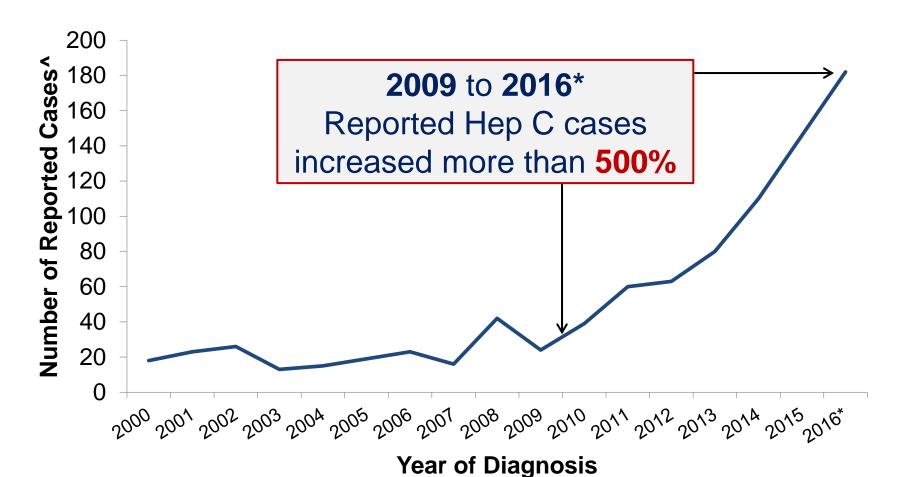


1,393 (69%) Retail pharmacies in North Carolina are dispensing Naloxone under a standing order

www.NaloxoneSaves.org

## **Increase in Acute Hepatitis C Cases**

**North Carolina, 2000–2016\*** 

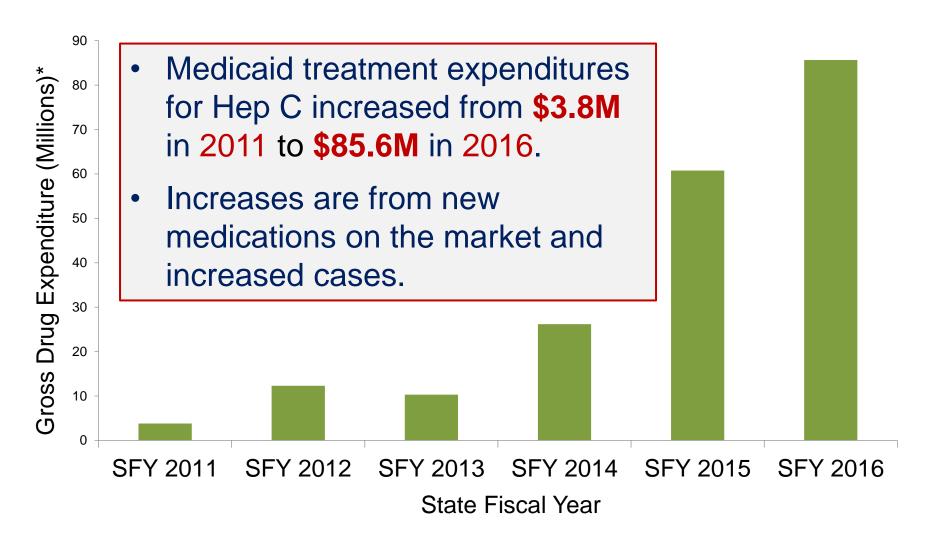


Note: Case definition for acute Hepatitis C changed in 2016.

\*Data from 2016 are preliminary and subject to change

^ Estimated true number 10–15x higher than number of reported cases.

#### Medicaid Gross Drug Expenditure for Hep C North Carolina, SFY 2011–16



\*Does not account for drug rebates

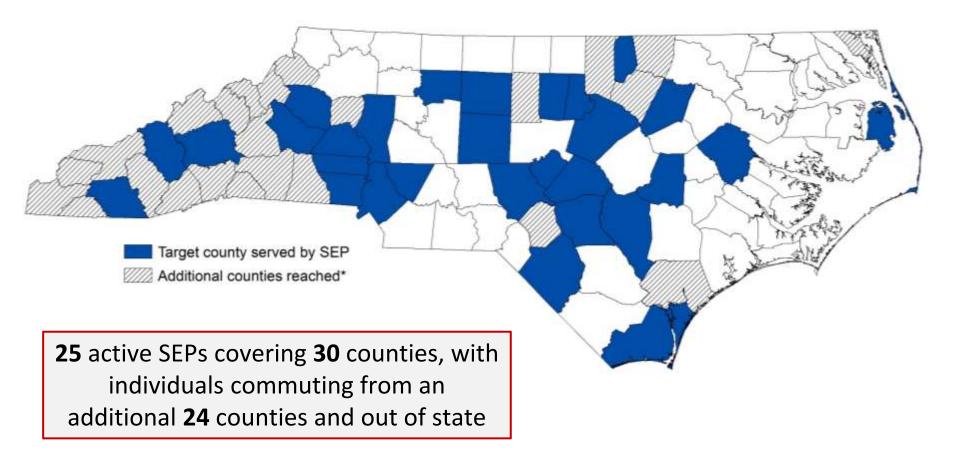
## **NC Syringe Exchange Programs (SEP)**

- July 11, 2016 Legalized in NC
- Any governmental or nongovernmental organization "that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors" can start a SEP

#### Legal Protections

"No employee, volunteer or participant of the syringe exchange can be charged with possession of syringes or other injection supplies, or with residual amounts of controlled substances in them, obtained from or returned to a syringe exchange"

# Counties served by Syringe Exchange Programs (SEPs) as of September 2017



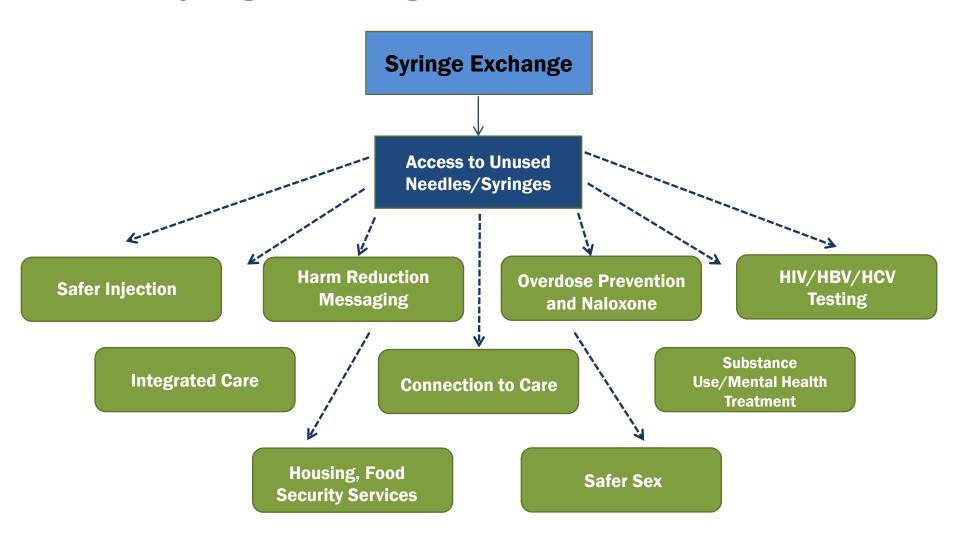
<sup>\*</sup>Residents from these counties without SEP coverage traveled to receive services in a SEP target county

Injury & Violence

PREVENTION Branch

North Carolina

#### **Syringe Exchange Starts a Conversation**



# Strengthen Opioid Misuse Prevention (STOP) Act (House Bill 243)

- Passed unanimously by both houses of the General Assembly on June 28, 2017
- Signed by Governor Roy Cooper on June 29, 2017
- Targeted controlled substances under the Act
  - Schedule II and Schedule III Opioids



#### **Strengthen Opioid Misuse Prevention (STOP) Act**

#### **Smarter Prescribing**

- Reduce unused, misused, and diverted pills with 5-day limit on initial prescriptions for acute pain.
- Reduce doctor shopping and improve care with required check of state prescription database.
- Reduce fraud through e-prescribing.

#### **Smarter Dispensing**

- Universal registration and reporting.
- Near-time reporting to detect and stop doctor-shopping.

#### A Renewed Commitment to Treatment, Recovery and Saving Lives

- Improve health and save money by investing in local treatment and recovery services.
- Reverse overdoses and save lives.

www.ncleg.net/Sessions/2017/Bills/House/PDF/H243v7.pdf

# Many organizations\* across NC are addressing the opioid overdose epidemic.





# North Carolina Prescription Drug Abuse Advisory Committee

About Us · Meetings · Agendas & Presentations · Workgroups · Strategic Plan · Contact







#### Upcoming Events

- Opioid Misuse and Overdose Prevention Summit, June 27 28, 2017
  - Register here for the upcoming summit!
- The next PDAAC meeting will be held in September. Please join us at the Opioid Misuse and Overdose Prevention Summit!

#### Quick Links

- Naloxone Saves
- North Carolina Safer Syringe Initiative
- North Carolina Iniury and Violence Prevention Strategic Plan. 2015 2020

#### Resource website:

https://sites.google.com/view/ncpdaac

# NORTH CAROLINA'S OPIOID ACTION PLAN

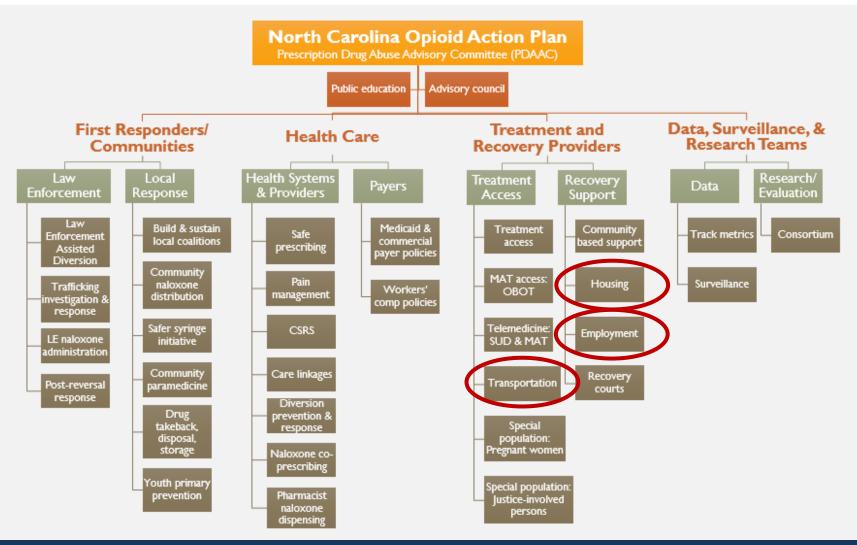
2017-2021

## **FOCUS AREAS**

Given that the opioid epidemic is complex, we plan to implement comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

- Create a coordinated infrastructure
- 2. Reduce oversupply of prescription opioids
- 3. Reduce diversion of prescription drugs and flow of illicit drugs
- 4. Increase community awareness and prevention
- 5. Make naloxone widely available and link overdose survivors to care
- 6. Expand treatment and recovery oriented systems of care
- 7. Measure our impact and revise strategies based on results

# Treatment and Recovery Providers: Transportation, Housing, and Employment



## **ITransportation**

<u>Possible ACTION</u>: Explore options to provide transportation assistance to individuals seeking treatment

#### Consider

- Align transportation master plans, services, and public transportation routes with treatment opportunities and recovery supports in community
- Include people with substance use disorders as priority population in transportation needs assessments (throughout process and in Plans)
- Provide transportation or gas vouchers
- Find ways to minimize need for transportation by meeting people where they are in the community
- Allocate county funding for more transportation options

## **l**Housing

 Possible ACTION: Increase recovery-supported transitional housing options to provide a supportive living environment and improve the chance of a successful recovery

#### Consider

- Increasing access to affordable housing for all
- Include people with substance use disorders as priority population in housing needs assessments (throughout process and in Plans)
- Establish and maintain transitional housing for people leaving incarceration
- Provide rental assistance
- Allocate county funding for more housing options

## **IEmployment**

**Possible ACTION**: Reduce barriers to employment for those with criminal history

#### **Consider**: Fair Chance Hiring Policies

- Delay employment application questions regarding person's criminal record until after applicant has had a chance to demonstrate skills, qualifications, and rehabilitation
- 18 states and 100+ municipalities have implemented fair chance hiring practices Reduce crime and recidivism, Boost tax contributions

#### More Information:

- www.nchrc.org/fair-chance-hiring/
- www.ncjustice.org/?q=second-chance-alliance/ban-box-second-chance-fairemployment

## Thank You

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